

LETTERS TO THE EDITOR

Is bacterial vaginosis a sexually transmitted infection

EDITOR,—I have a concern about a reference used in the article "Is bacterial vaginosis a sexually transmitted infection?" in the February issue of *STI*.¹

I have a particular interest in BV, especially in the potential for BV to be sexually transmitted between women. In the recent article the authors stated that:

"... past studies focusing on concordant BV infections within lesbian couples have failed to produce consistent results."

To this statement there were two references. One supported concordant BV results in lesbian couples,² but the second reference referred to an article about treating urethritis in men in developing countries.³ It is no wonder they didn't find any evidence of BV transmission between women!

Previous studies have consistently demonstrated higher rates of BV in women who have sex with women.^{1,4-6} Further studies are needed to better understand the transmission dynamics of bacterial vaginosis between women.

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- 1 Morris MC, Rogers P, Kinghorn G. Is bacterial vaginosis a sexually transmitted disease? *Sex Transm Inf* 2001;77:63-8.
- 2 Berger BJ, Kolton S, Zenilman JM, *et al*. Bacterial vaginosis in lesbians: a sexually transmitted disease. *Clin Infect Dis* 1995;21:1402-5.
- 3 Mabey D. The diagnosis and treatment of urethritis in developing countries. *Genitourin Med* 1994;70:1-2.
- 4 Skinner CJ, Stokes J, Kirlaw Y, *et al*. A case-controlled study of the sexual health needs of lesbians. *Genitourin Med* 1996;72:277-80.
- 5 Edwards A, Thin RN. Sexually transmitted diseases in lesbians. *Int J STD AIDS* 1990;1:178-81.
- 6 Fethers K, Marks C, Mindel A, *et al*. Sexually transmitted diseases and risk behaviours in women who have sex with women. *Sex Transm Inf* 2000;76:345-9.

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Reply

EDITOR,—I thank Dr Fethers for pointing out the discrepant reference in our paper.¹

The discussion paragraph referred to conflicting results from studies focusing on the transmission of bacterial vaginosis (BV) in lesbians. A cross sectional prevalence study by Berger *et al* among monogamous sexual partners reported that of 11 index women with BV, eight (72.2%) had partners with BV. This compared with only one (10%) partner with BV of the 10 index women without infection.² The high level of concordance was attributed to the probable sexual transmission of BV within lesbian couples.

The evidence against the sexual transmission of BV among lesbians should have referred to a paper by McCaffrey *et al*, though this was not among concordant partners. This study of sexual practices among women

attending a specialist genitourinary medicine clinic in London reported that of 15 exclusively lesbian women, 40% had BV compared with 55% of the 76 women who were not exclusively lesbian.³ Therefore, the presence of BV did not appear related to sexual practices among lesbians.

I hope that the matter has now been clarified.

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- 1 Morris MC, Rogers P, Kinghorn G. Is bacterial vaginosis a sexually transmitted infection? *Sex Transm Inf* 2001;77: 63-8.
- 2 Berger BJ, Kolton S, Zenilman JM, *et al*. Bacterial vaginosis in lesbians: a sexually transmitted disease. *Clin Infect Dis* 1995;21:1402-5.
- 3 McCaffrey M, Varney P, Evans B, *et al*. Bacterial vaginosis in lesbians: evidence for lack of sexual transmission. *Int J STD AIDS* 1999;10:305-8.

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Dial 1097 (toll free)

EDITOR,—Even as psychologists the world over ponder over whether computers can be good psychotherapists, computerised AIDS helplines are operating successfully in 35 Indian cities. The strategy behind these helplines is that as AIDS has no cure and prevention is its only remedy, "greater AIDS awareness" is akin to "greater AIDS prevention."

Chandigarh AIDS hotline is a computerised telecounselling service which is a joint venture of a non-government organisation (NGO) called "Servants of the People Society" and the State AIDS Control Society, Union Territory, Chandigarh. This helpline was started in January 1999 with the motive of "AIDS prevention" through "AIDS awareness." It is a 24 hour computerised interactive voice response service which is accessible on a 4 digit number (1097) by telephone. Confidentiality and anonymity of the caller are the hallmarks of this service. HIV/AIDS hotline is a toll free service that provides information and counselling on HIV/AIDS related issues in English, Hindi (national language), and Punjabi (regional language). The service consists of two parts—a prerecorded "standard question" option and a "specific inquiry" option. The prerecorded standard coded questions are:

- Code 1: What is HIV/AIDS?
- Code 2: How does it spread?
- Code 3: How is HIV not transmitted?
- Code 4: Prevention of HIV/AIDS
- Code 5: Symptoms of HIV/AIDS
- Code 6: Where is HIV testing done?
- Code 7: Relation of IV drug use and HIV
- Code 8: About STDs and HIV
- Code 9: Other specific queries on HIV/AIDS which get recorded and are replied to within 72 hours

Details of the calls received from January 1999 to December 2000 are as follows:

- Total no of calls: 293 091
- Average calls per month: 12 212
- Average calls per day: 401
- "Language-wise" calls (%):
Hindi: 53.1
Punjabi: 30.3
English: 16.6
- "Code-wise" calls (%)
Code 1: 18
Code 2: 27.3

- Code 3: 5.6
- Code 4: 4
- Code 5: 4.8
- Code 6: 2.2
- Code 7: 1.6
- Code 8: 5.4
- Code 9: 31.1

The most frequent specific queries recorded on code 9 related to

- (i) The right way to use a condom
- (ii) How do condoms prevent HIV/AIDS?
- (iii) Masturbation
- (iv) Oral sex
- (v) Anal sex
- (vi) Deep kissing in relation to HIV.

We compared our data with those of the AIDS hotline in the national capital Delhi which is run by an NGO called "Torch." This hotline has only a "specific query" option and has no provision for a "standard questionnaire." Since the 4 years of its inception there have been some most frequent "specific queries" on this hotline facility in Delhi which were included in the "standard questionnaire" option of the Chandigarh hotline when it was set up at a later date.

With increasing media exposure, there is an increasing curiosity in the general public in India to know more regarding various health related issues such as HIV/AIDS. The pattern of queries on various helplines keeps changing, in keeping with the changing public awareness. Since the government spends ample funds annually on information, education, and counselling (IEC) activities related to HIV/AIDS, we feel that it would be worthwhile to utilise the most common "specific queries" on these helpline services (which are a direct reflection of the layman's quest for information related to HIV/AIDS) to update IEC strategies. Also, questions asked often on the "specific query" option can be incorporated from time to time in the "standard questionnaire" to make it more informative.

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Rates of gonorrhoea and chlamydia in black ethnic groups

EDITOR,—In their cross sectional study of patients attending 11 clinics in London, Low *et al*¹ report the incidence of both gonorrhoea and chlamydial infection to be higher in black Caribbeans and black "other" ethnic groups than in black Africans. Neither the authors nor the writers of the accompanying editorial² refer to similar findings in black men attending one of the clinics contributing to their study, which we published in 1999.³